

Nevada WebIZ is a web-based immunization information system (immunization registry) administered by the Nevada State Health Division, Bureau of Child, Family and Community Wellness, Immunization Program. Nevada WebIZ stores immunization records that can be retrieved, reviewed and updated for the purpose of providing immunization services and immunization-related assessment, referral and inventory management.

Please read this statement carefully. All Users must read, understand and sign this Agreement before being given access to Nevada WebIZ.

As a Nevada WebIZ User you **agree** to:

1. Use Nevada WebIZ only in the course of your assigned duties to provide immunization services and/or immunization-related assessment, referral and inventory management services.
2. Access Nevada WebIZ only from authorized computer terminals at your Agency/Employer.
3. Use Nevada WebIZ to access only those records of clients presenting to your Agency/Employer for services.
4. Maintain a confidential user password for your personal access only. Passwords must not be shared with any other individuals, including other authorized Nevada WebIZ users at your Agency/Employer. Any written documentation of your password should be maintained in a location that cannot be accessed by other individuals (e.g., in a locked filing cabinet).
5. Log off from the Nevada WebIZ system at the end of your shift or at any point when you must leave your workstation. In addition, position your computer monitor in such a manner to prevent unauthorized individuals from viewing Nevada WebIZ information on the screen.
6. Maintain confidentiality of patient information obtained from Nevada WebIZ as required by law of all medical record information.
7. Participate in required Nevada WebIZ training sessions and keep updated on other information provided on the Nevada WebIZ website or by Nevada WebIZ staff.
8. Notify Nevada WebIZ staff if you are no longer employed at this Agency/Employer, if your duties change such that you no longer require access to Nevada WebIZ, or if you plan to take a leave of absence from work for more than 90 days.

As a Nevada WebIZ User you **agree not** to:

1. Examine or read any document or computer record contained in Nevada WebIZ containing confidential medical information, except on a "need to know" basis; that is, if required to do so in the course of your job duties.
2. Intentionally enter false information into Nevada WebIZ.
3. Compile any aggregate data or statistics from the program database except as authorized by the Nevada State Health Division, Bureau of Child, Family and Community Wellness, Immunization Program.
4. Remove from a job site or copy any document or computer record containing confidential information unless authorized to do so or if required in the course of your job duties.



## User Confidentiality Agreement

I have read and understand the Nevada WebIZ User Confidentiality Agreement. I understand that records stored in Nevada WebIZ are confidential medical information. Inappropriate use or disclosure of patient information may result in civil and criminal penalties and revocation of my and/or my Agency's/Employer's access to Nevada WebIZ. I also understand that an electronic record (audit trail) will be created automatically by the Nevada WebIZ system and will document which Nevada WebIZ records I have accessed.

I understand and agree to abide by the Nevada WebIZ User Confidentiality Agreement:

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Administers Vaccines?** **Y or N**

**Business Phone:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Associated Clinic(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail User Confidentiality Agreement to the address listed below.  
Keep a copy of the Agreement for your reference.**

**Nevada WebIZ Helpdesk  
4150 Technology Way, Suite 101  
Carson City, NV 89706  
Fax: (775) 684-8338**

**For questions and additional information, contact the Nevada WebIZ Helpdesk at:  
(775) 684-5954  
or  
izit@health.nv.gov**

For NEVADA WEBIZ Office Use Only			
UCA received by: _____	Date: _____	Deactivated by: _____	Reason: _____ Date: _____
User trained by: _____	Date: _____	Reactivated by: _____	Reason: _____ Date: _____
Account est. by: _____	Date: _____	Deactivated by: _____	Reason: _____ Date: _____
		Reactivated by: _____	Reason: _____ Date: _____
Notes: _____			